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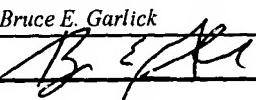
UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	SIG000095
First Inventor	Matthew D. Felder
Title	AUDIO EVENT DETECTION RECORDING APPARATUS AND METHOD

Express Mail Label No.

EV217698241US

APPLICATION ELEMENTS		ADDRESS TO:																										
See MPEP chapter 600 concerning utility patent application contents		Assistant Commissioner for Patents Box Patent Application Washington, DC 20231																										
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) <small>(submit an original and a duplicate for fee processing)</small> Applicant claims small entity status. See 37 CFR 1.27.		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)																										
2. <input checked="" type="checkbox"/> Specification [Total Pages 32] <small>(preferred arrangement set forth below)</small> -Descriptive title of the invention -Cross Reference to Related Applications -Statement Regarding Fed sponsored R&D -Reference to sequence listing, a table, or a computer program listing appendix -Background of the Invention -Brief Summary of the Invention -Brief Description of the Drawings (if filed) -Detailed Description -Claim(s) -Abstract of the Disclosure		8: Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small> <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Form (CRF) b. <input type="checkbox"/> Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies 																										
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Pages 7]		9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & documents(s))																										
5. Oath or Declaration [Total Pages 2] <ul style="list-style-type: none"> a. <input checked="" type="checkbox"/> Newly executed (original or copy) Copy from a prior application (37 CFR 1.63 (d)) b. <input type="checkbox"/> (for continuation/divisional with Box 18 completed) <ul style="list-style-type: none"> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 		10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <small>(when there is an assignee)</small> <div style="display: flex; justify-content: space-between;"> <div style="flex: 1;"> <input type="checkbox"/> Power of Attorney </div> <div style="flex: 1;"> <input checked="" type="checkbox"/> Attorney </div> </div> 11. <input type="checkbox"/> English Translation Document (if applicable)																										
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <div style="display: flex; justify-content: space-between;"> <div style="flex: 1;"> <input type="checkbox"/> Copies of IDS Citations </div> </div> 13. <input type="checkbox"/> Preliminary Amendment																										
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <ul style="list-style-type: none"> <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No. _____		14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small> 16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.																										
Prior application information: Examiner: _____ Group Art Unit: _____		17. <input type="checkbox"/> Other: _____																										
19. CORRESPONDENCE ADDRESS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"><input checked="" type="checkbox"/> Customer Number or Bar Code Label</td> <td style="width: 25%; text-align: center;">34,399 <small>Insert customer no. or attach bar code label here</small></td> <td colspan="3" style="width: 50%; text-align: right;"><input type="checkbox"/> Correspondence address below</td> </tr> <tr> <td>Name</td> <td colspan="3">Bruce E. Garlick</td> <td></td> </tr> <tr> <td>Address</td> <td colspan="3">P.O. Box 160727</td> <td></td> </tr> <tr> <td>City</td> <td>Austin</td> <td>State</td> <td>TX</td> <td>Zip Code</td> </tr> <tr> <td>Country</td> <td>USA</td> <td>Telephone</td> <td>512-264-8816</td> <td>FAX</td> </tr> </table>				<input checked="" type="checkbox"/> Customer Number or Bar Code Label	34,399 <small>Insert customer no. or attach bar code label here</small>	<input type="checkbox"/> Correspondence address below			Name	Bruce E. Garlick				Address	P.O. Box 160727				City	Austin	State	TX	Zip Code	Country	USA	Telephone	512-264-8816	FAX
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Country	USA	Telephone	512-264-8816	FAX																								
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